

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	First Named Inventor	COSTANTINO
	COMPLETE IF KNOWN	
	Application Number	Unknown
	Filing Date	Unknown
	Group Art Unit	Unknown
	Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

<p align="center">ANEURYSM TREATMENT DEVICES AND METHODS</p>

the specification of which

☒ is attached hereto

OR ☐ was filed on _____ as United States Application Number
or PCT International Application Number
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (mm/dd/yyyy)	Priority Not Claimed	Certified Copy Attached YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

<i>Application Number(s)</i>	<i>Filing Date (mm/dd/yyyy)</i>
60/420,555	10/23/2002
60/471,520	05/15/2003

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

<i>U.S. Parent Application or PCT Parent Number</i>	<i>Parent Filing Date (MM/DD/YYYY)</i>	<i>Parent Patent Number (if applicable)</i>

As a named inventor, I hereby appoint Anthony H. Handal, Registration No. 26,275, and all other registered practitioners listed under **Customer No. 00545** as my attorneys or agents to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to: **Customer No. 00545**.

Address all telephone calls to Anthony H. Handal at **(212) 536-4870**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: [] A petition has been filed for this unsigned inventor							
Given Names (at least one name in full plus other names or initials)				Family Name or Surname			
Peter D.				COSTANTINO			
Inventor's Signature →						Date →	
Residence: City	Armonk	State	NY	Country	US	Citizenship	US
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City	Armonk	State	NY	Zip		Country	US

[X] Additional inventors are being named on the separate sheet attached hereto.

NAME OF ADDITIONAL INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Names (at least one name in full plus other names or initials)				Family Name or Surname			
Craig				FRIEDMAN			
Inventor's Signature →						Date →	
Residence: City	Westport	State	CT	Country	US	Citizenship	US
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NAME OF ADDITIONAL INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Names (at least one name in full plus other names or initials)				Family Name or Surname			
Arindam				DATTA			
Inventor's Signature →						Date →	
Residence: City	Hillsborough	State	NJ	Country	US	Citizenship	US
Post Office Address:							
City	Hillsborough	State	NJ	Zip		Country	US

NAME OF ADDITIONAL INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Names (at least one name in full plus other names or initials)				Family Name or Surname			
Maybelle				JORDAN			
Inventor's Signature →						Date →	
Residence: City	Potomac	State	MD	Country	US	Citizenship	US
Post Office Address:							
City	Potomac	State	MD	Zip		Country	US

NAME OF ADDITIONAL INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Names (at least one name in full plus other names or initials)				Family Name or Surname			
Yosef.				KRESPI			
Inventor's Signature →						Date →	
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Post Office Address:							
City	New York	State	NY	Zip		Country	US

NAME OF ADDITIONAL INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Names (at least one name in full plus other names or initials)				Family Name or Surname			
Daniel				KLEMPNER			
Inventor's Signature →						Date →	
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Post Office Address:							
City	Bloomfield	State	MI	Zip		Country	US

NAME OF ADDITIONAL INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Names (at least one name in full plus other names or initials)				Family Name or Surname			
Ian N.				ASKILL			
Inventor's Signature →						Date →	
Residence: City	Colorado Springs	State	CO	Country	US	Citizenship	US
Post Office Address:							
City	Colorado Springs	State	CO	Zip		Country	US